

requirements of M.G.L. c. 55.

# ELECTIONS Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political FiZM5cJAN 20~A~IO:53

CITY OF BROCKTON, MA File with: 1/19/2015 City or Town Clerk or Election Commission Reporting Period - Beginning: 1/1/2014 Ending: 12/31/2014 Type of report: Year-end Andrew Robinson Committee to Elect Andrew Robinson Full Name of Candidate Committee Name Ward 2 School Committee/Brockton Shannon Pacheco Office Sought/ District Name of Committee Treasurer 415 Moraine St 411 Moraine St Brockton, MA 02301 Brockton , MA 02301 Residential Address Committee Address SUMMARY BALANCE INFORMATION Ending Balance from previous report: \$962.15 Total receipts this period: \$0.00 Subtotal: \$962.15 Total expenditures this period: \$0.00 Ending Balance: \$962.15 Total inkind contributions this period: \$0.00 Total outstanding liabilities: \$0.00 Name of bank(s) used: Rockland Trust Affidavit of Committee Treasurer: I certify that I have examined this report, including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including all contributions, loans, receipts, expenditures, disbursements, inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Affidavit of Candidate (check 1 box only) : Candidate with Committee and no activity independent of the committee I certify that I have examined this report, and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR candidate with independent activity filing separate report. I certify that I have examined this report and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including contributions, loans, receipts, expenditures, disbursements, inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the



1/19/15

## Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date	Name and Residential Address	Amount	Occupation and Employe
	nized Receipts cemized Receipts cipts	\$0.00 \$0.00 \$0.00	



## Schedule B: Expenditures

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures over \$50 and under may be added together from committee records, and reported on line 13.

Date Name and Address	Amount	Purpose
Total Itemized Expenditures Total Unitemized Expenditures	\$0.00 \$0.00	
Total Expenditures	\$0.00	



### Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
Total Itemized Inkind Contributions Total Unitemized Inkind Contributions Total Inkind Contributions		\$0.00 \$0.00 \$0.00	



## Schedule D: Liabilities

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as the liabilities incurred during this reporting period.

Date To Whom Due

Amount Purpose

Total Outstanding Liabilities

\$0.00

